

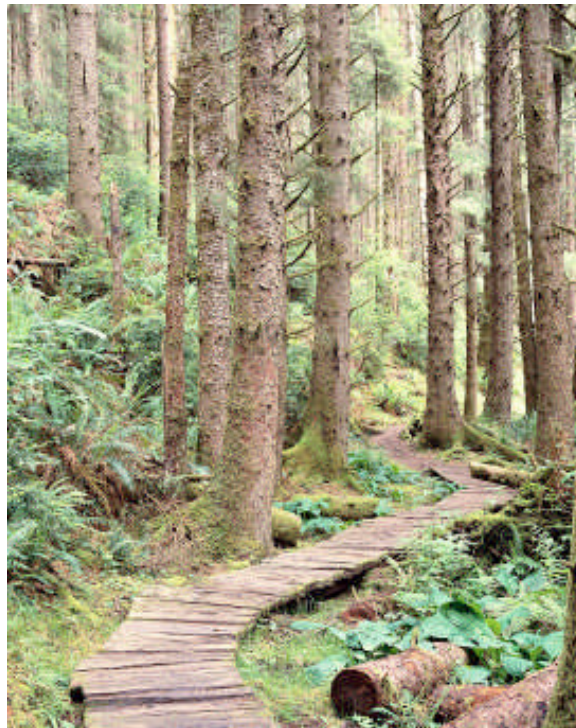


Natick Recreation and Parks Department

"Create Community through People, Parks and Programs"

Woodtrail Camp

2015 Registration Information



Woodtrail is a well-established co-ed day camp that is grounded by its rich history, traditions, successes and kinship. We believe strongly in the positive values and formative experiences to be gained from our camp, where participation based recreational opportunities are offered each day. We celebrate small moments along with individual and group success. We honor differences, we foster respectful outcomes and we encourage cooperation, kindness and appropriate behavior.

The 2015 camp season will be held at Kennedy Middle School for campers entering Grades 1 - 8 in the fall. Woodtrail Camp offers a challenging, fun-packed, supportive learning and playing environment. Woodtrail activities include: canoeing, swimming, hiking, walking ventures, arts and crafts, cooking, dramatics, singing, nature classes, and many new and traditional special events and trips. We run three, two-week themed-based sessions with limitless possibilities for campers, which include some evening special events.

This camp complies with regulations of the Massachusetts Department of Public Health and is licensed by the local Board of Health

179 Boden Lane • Natick, Massachusetts 01760 • Phone (508) 647-6530 • Fax (508) 647-6535 • Website <http://natickma.gov/recreation>



Joining Woodtrail offers children an opportunity to become part of a unique camp family. Our goal is to provide the best possible environment where children will be acknowledged, cared for and instructed on an individual basis so that they may function safely, productively and positively in a group setting with peers. In addition, each camper will be guided to participate within the larger camp community. Campers are placed in small grade level groups where activities, special events and programming are designed around the campers' age group, while camp themes and traditional events tie the community together as a whole. We encourage and foster community service, leadership, appropriate social engagement, respectful behavior, communication skills, physical and mental challenges and fun!



What to Bring



- | | | |
|--------------|--|------------------|
| ☺ A backpack | ☺ A lunch that does not need to be refrigerated | ☺ A water bottle |
| ☺ Sneakers | ☺ Please apply sunscreen <u>before you leave the house</u> | ☺ A Snack |



Woodtrail Staff



The Woodtrail staff is a talented group of eclectic, energetic and experienced professionals, educators, trained lifeguards, graduate and college students and several high school students. These individuals are dedicated to making a great camp experience for your child. Our program also has a great CIT program in which the volunteers work with the program to enhance the camp experience. CIT Applications will be available Friday, March 20 at Cole Center and on our website www.natickma.gov/recreation.



Register at the Cole Center February 9 - 13, 2015.
Monday, Tuesday, Wednesday and Friday - 8:00 am to 5:00 pm
Thursday - 8:00 am to 7:00 pm

During this time you will be GUARANTEED a spot at Woodtrail.

Registrations after February 13 will be taken based on openings. Payment Plans are available!

Fees and Camp Hours

Camp Fees include one age appropriate field trip per session. Additional Field trips may become available through the summer and some may have an additional charge to attend. Field Trips include Entrance Fees and Transportation. Field Trip fee's will NOT include food unless otherwise indicated on the Field Trip Specific information form sent home for the field trip.

Day Camp			8:30 am – 3:00 pm
Session 1 • 10 Days July 6 - 17 \$405	Session 2 • 10 Days July 20 – 31 \$405	Session 3 • 10 Days Aug 3 - August 14 \$405	
Due to the Massachusetts State Minimum Wage Laws (MGL ch. 151, sec. 1 - 22), the 2015 Camp fees have increased. We will do everything in our power to keep Camp costs as low as possible while this law is implemented over the next several years.			

Early Risers	7:30 am – 8:30 am
\$10/Day or Receive discount for all days - see registration form for specifics	
Just a Little Longer	3:00 pm – 5:30 pm
\$18/Day or Receive discount for all days - see registration form for specifics	

REFUND POLICY

Due to the high demand for camper spots, the NR&PD will utilize the refund policy shown below.

If you need to cancel once your child is registered;
our refund policy will be as follows:

If You Cancel	CAMP			
	Session	1	2	3
By February 28	Receive a refund of	\$395	\$395	\$395
Between March 1 - 31	Receive a refund of	\$295	\$295	\$295
Between April 1 - 30	Receive a refund of	\$195	\$195	\$195
After April 30	<i>NO REFUND WILL BE GIVEN</i>			

Note: For those that received the registration discount, refund will be less the discount amount received.

MORNING OR AFTERNOON EXTENDED DAY

NO REFUND WILL BE GIVEN AFTER MAY 19.

Limitations

It is our intention to make every effort to adapt and accommodate as many campers as we can, however, the safety of all campers, staff and volunteers must be seriously considered. If there is a medical condition and/or an issue that we have a concern about, we will contact you shortly after you have registered to see if we have the capability to **safely and effectively** meet those needs. We may deem it necessary to meet with the family and/or meet with their health care provider. If we do not have the means to meet the campers needs we will refund the money for camp with no penalty, or you can provide appropriate (as we deem) medical staff to accommodate those needs. We cannot provide extensive care to campers and we need our nurses to be able to respond to the Woodtrail community. Failure to disclose adaptations/modifications at time of registration can result in your child being unable to attend camp. *Your cooperation concerning this issue is critical.*

General Medical Information

Camp Woodtrail is a registered Camp and we strictly adhere to the current state regulations enforced by Natick's Board of Health. In doing so we must make sure that all health forms and camper information is current and up-to-date.

Campers who will need to receive medication during camp hours, will be required to complete a **Medication Authorization Form** turned in **NO LATER THAN MAY 19.**

Medical Forms and Information

In our dynamic programming we are always making sure that safety comes first. We have policies and procedures in place to deal with mishaps that come from working with a multitude of people.

We will strictly enforce the Camp Regulations that you can access by going to the following website:

<http://www.mass.gov/eohhs/docs/dph/regs/105cmr430.pdf>

(105 CMR 430.151-152)

Campers will not be allowed to attend camp until all forms are up-to-date and compliant with the State Regulations.

Every Camper Must Submit the Following:

☐ Most recent **PHYSICAL FORM** (within 2 years of your child's last day at camp.)

☐ Most recent **CERTIFICATE OF IMMUNIZATION**

① Measles, Mumps & Rubella Vaccine (MMR)*

- 1 dose at or after 12 months of age
- 2nd dose given at least 4 weeks after the first

② Polio Vaccine

- A minimum of 3 doses of either ALL IPV (shot) or ALL OPV (shot)
- If a mixed (IVP/OPV) schedule was used, 4 doses required

③ Hepatitis B Vaccine*

- 3 doses of Hepatitis B vaccine are required

* *Laboratory evidence of immunity is acceptable*

④ Diphtheria, Tetanus, Pertussis Vaccine**

- A minimum of 4 doses of DTaP/DTP/DT or at least 3 doses of Td/Tdap is required**
- A booster dose of Td/Tdap is required for all campers **ENTERING GRADES SEVEN THROUGH TEN IF** it has been more than 5 years since the last dose.**

****NOTE: CAMPERS ENTERING GRADE 7. PLEASE PAY CLOSE ATTENTION TO # 4 AS MOST WILL NEED UPDATED SHOTS.**

☐ Completed **REGISTRATION FORM** (all parts, front and back, signatures, etc...)

☐ **FULL PAYMENT**

- **Financial Aid** Screening is available through the Natick Service Council (508) 655-1791.
 - Please give yourself ample time to begin this process. Start today!!!
- **Payment Plans** can be set up at the Recreation Office at the time of Registration.
 - Final Payment must be made by Friday, May 29.

Bring Complete Registration Package and Payment to:

The Recreation and Parks Department (Cole Center)

179 Boden Lane • Natick, MA 01760



NOTE: Non-Residents can register beginning Monday, March 1. The cost will be an additional \$20 per child.



Natick Recreation and Parks Department

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2015 • SUMMER CAMP WOODTRAIL REGISTRATION FORM

Please fill out each line on form (If not applicable, place an N/A)

To register, all three parts below must be submitted at the same time.

- ☐ **Registration Form** completely filled out on **both sides** • **(ALL LINES ARE MANDATORY)**
☐ **Most Recent** (w/in 2 years of your child's last day of camp.) Physical Printout from Doctor including **Current** Certificate of Immunizations
☐ **Full Payment**

Name: _____ Date of Birth: ____/____/____
 Last First Middle Initial

Grade Entering in the Fall _____ School _____ Age (as of 7/15) _____ M ☐ F ☐

Address: _____
 Street Town State & Zip Area Code HOME Telephone

E-mail Address: _____

Parent/Guardian:

(Mother) Last First Area Code WORK Phone Area Code CELL Phone
 (Father) Last First Area Code WORK Phone Area Code CELL Phone

Please indicate a calling order by numbering 1 - 4 in the boxes next to the phone numbers you provide.
 ←←←←

Brothers & Sisters Names & Ages: _____

Emergency Contacts • Other Than Parent (State regulations mandate 2 contacts)

1) Name: _____ Relationship: _____
 Telephone #: (____) _____
 2) Name: _____ Relationship: _____
 Telephone #: (____) _____

Session(s) Desired • (Please Check All That Apply)

Session 1 • July 6 - 17	Session 2 • July 20 - 31	Session 3 • August 3 - August 14	TOTAL COST
<input type="checkbox"/> Day Camp \$405 (10 Days)	<input type="checkbox"/> Day Camp \$405 (10 Days)	<input type="checkbox"/> Day Camp \$405 (10 Days)	Total/Session 1 - 3 Total \$ _____
AM Extended Day \$10 per Day or \$80 per Session Wk 1: M <input type="checkbox"/> N/A <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	AM Extended Day \$10 per Day or \$80 per Session Wk 1: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	AM Extended Day \$10 per Day or \$80 per Session Wk 1: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	AM Extended Day Total/Session 1 - 3 ____ Days x \$10 Total \$ _____
PM Extended Day \$18 per Day or \$144 per Session Wk 1: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	PM Extended Day \$18 per Day or \$144 per Session Wk 1: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/>	PM Extended Day \$18 per Day or \$144 per Session Wk 1: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F <input type="checkbox"/> Wk 2: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> FN/A	PM Extended Day Total/Session 1 - 3 ____ Days x \$18 Total \$ _____

Optional donation for financial aid for the disabled and financially needy of \$1.00 \$ _____

Non-Residents Add \$20/Registration Form \$ _____

Make Checks Payable to:

TOWN OF NATICK

Total Cost \$ _____

A \$25.00 fee will be charged for all returned checks



MC/Visa/ Discover

Expiration Date ____/____ CVC Code # ____
 (Far right 3-Digit #'s from back of card)

SIGNATURE _____ DATE ____/____/____

Swimming

A swim test will take place for swimming.

Photographs/Publicity

Please note that photos of your child may be used for various publicity medias.

Insurance Information

Health Plan/HMO: _____

Policy or Group #: _____

Allergies/Medical Conditions: _____

Immunizations

Please note that all campers will need an up-to-date list of immunizations, along with their most recent physical (within 2 years of your child's last day at camp.) A booster dose of Td/Tdap is required for *all campers entering grades seven through ten* if it has been *more than 5 years since the last dose.***

Behavioral Concerns

Are there any Behaviors/Accommodations/Modifications/Diagnosis we need to be aware of? ☐ No ☐ Yes**If yes, we will call you.

If medications need to be given during camp hours

IMPORTANT: MEDICATION AUTHORIZATION FORM MUST BE SUBMITTED NO LATER THAN MAY 19

Please check here if your child will need medication(s) to be administered at Camp ☐

Name of Medications: _____

Parental Consent, Release from Liability and Indemnity Agreement

On behalf of my child, a minor, I hereby consent to my child's participation in voluntary athletic, recreation programs or extra-curricular activities of the Town/City and/or Public Schools of Natick (hereinafter "the Town/City").

I/We also agree to forever RELEASE the Town/City, a municipal corporation of the Commonwealth of Massachusetts, and/or the Public Schools of Natick, the School Committee, and all their employees, officers, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic, recreation programs or extra-curricular activities of the Town/City or Public Schools ("the Releasees") from any and all claims, actions, rights of action and causes of action, damages, costs, loss of services, expenses, compensation and attorney's fees that may have arisen in the past, or may arise in the future, directly or indirectly, from known and/or unknown personal injuries to my child or property damage resulting from my child's participation in the said Town/City and/or Public School's voluntary athletic, recreation program or extra-curricular activity which I/We may now or hereafter have as the parent(s) or guardian(s) of said minor child and which said minor child has or hereafter may acquire, either before or after reaching majority.

I/We also promise, to INDEMNIFY, REIMBURSE, DEFEND and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, including damages, costs and attorney's fees, arising from personal injuries to my child or property damage resulting from my child's participation in the Town/City and/or Public Schools of Natick voluntary athletic, recreation programs or extra-curricular activities or administration of first aid.

I/We further affirm that I/We have read this Parental Consent, Release From Liability And Indemnity Agreement, and that I/We understand the contents of this Agreement. I/We understand that my child's participation in these programs is voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this agreement, I/We affirm that I/We have decided to allow my child to participate in the Town/City and/or Public School's athletic, recreation programs or extra-curricular activities with full knowledge that the Releasees will not be liable to anyone for personal injuries and/or property damage my child or I/We may suffer in the voluntary Town/City and/or Public School athletic, recreation programs or extra-curricular activities.

I realize injuries can occur from participation in sports and other activities. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that every reasonable attempt will be made to contact me in an emergency.

Signature _____ Date _____
(If under 18, parent or guardian)